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PTO/SB/01 (10-00)

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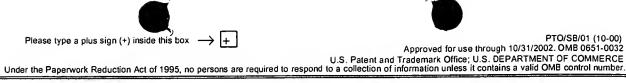
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	Attorney Docket Number	2446	
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Beck	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
	Filing Date		
☑ Declaration ☐ Declaration Submitted OR Submitted after Initial	Group Art Unit		
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name		

As a below named inventor, I hereby declare that:						
My residence, mailing address, an	d citizenship are as sta	ted below next to my nar	me.			
I believe I am the original, first and names are listed below) of the sub	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
Interventional Device						
the specification of which	(7	Title of the Invention)				
is attached hereto						
OR CONTRACTOR	<u> </u>	as United S	tates Application !	Number or PCT International		
☐ was filed on (MM/DD/YYYY)				(if applicable).		
Application Number	Application Number and was amended on (MM/DD/YYYY)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
			0000			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers supple m	al provisional application are listed on a ental priority data sheet '02B attached hereto.		

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

		COLUMN TO SERVICE DE LA SERVICE DE LA COLUMN				
I lirect all correction dence to:	ustomer Nui r Bar Code L				OR 🗹	Correspondence address below
Name Beck & Tysver, P.L.L.C.						
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Address Suite 100						
City Minneapolis				State N	ΔN	ZIP 55416-4477
country USA Telephone 612-91			5-9633 _{Fax} 612-915-9637		Fax 612-915-9637	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any]) Robert C.			Family Name or Surname Beck			
Inventor's Signature Date Date					Date 11/27/01	
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City St. Paul	State MN			ZIP 5	5108-1452	Country USA
NAME OF SECOND INVENTOR	•			A petit	ion has been fi	ed for this unsigned inventor
Given Name (first and middle [if any])				Family or Surr		
Inventor's Signature						Date
Residence: City	-		State		Country	Citizenship
Mailing Address			State	., ,	Country	Chiachianip
Mailing Address	_					1
City	State			ZIP		Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						